


| | | |
|---|--|---|
| Issue Classification  | Application/Control No. 10539560 | Applicant(s)/Patent Under Reexamination YAMAKI ET AL. |
| | Examiner DELIA M RAMIREZ | Art Unit 1652 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | |
|--------------------|------|-----------------------------------|-----|-------|---|------------------------------|---|---|---|----------------------|-------------|---|---|---|----------------------|
| CLASS | | SUBCLASS | | | | CLAIMED | | | | | NON-CLAIMED | | | | |
| 435 | | 232 | | | | C | 1 | 2 | N | 9 / 88 (2006.01.01) | C | 1 | 2 | P | 21 / 00 (2006.01.01) |
| CROSS REFERENCE(S) | | | | | | C | 1 | 2 | N | 5 / 10 (2006.01.01) | C | 1 | 2 | N | 15 / 00 (2006.01.01) |
| | | | | | | C | 1 | 2 | N | 1 / 21 (2006.01.01) | C | 1 | 2 | Q | 1 / 527 (2006.01.01) |
| CLASS | | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | C | 0 | 7 | K | 14 / 00 (2006.01.01) | C | 0 | 7 | H | 21 / 00 (2006.01.01) |
| 435 | 69.1 | 320.1 | 325 | 252.3 | 4 | | | | | | | | | | |
| 530 | 350 | | | | | | | | | | | | | | |
| 536 | 23.2 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--------------------------|---|--------------------------|----------|--------------------------|----------|--------------------------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| <input type="checkbox"/> | Claims renumbered in the same order as presented by applicant | <input type="checkbox"/> | CPA | <input type="checkbox"/> | T.D. | <input type="checkbox"/> | R.1.47 | | | | | | | | |
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 102 | | | | | | | | | | | | | | |
| 2 | 105 | | | | | | | | | | | | | | |
| 3 | 106 | | | | | | | | | | | | | | |
| 4 | 109 | | | | | | | | | | | | | | |
| 5 | 111 | | | | | | | | | | | | | | |
| 6 | 113 | | | | | | | | | | | | | | |
| 7 | 114 | | | | | | | | | | | | | | |
| 8 | 115 | | | | | | | | | | | | | | |
| 9 | 116 | | | | | | | | | | | | | | |
| 10 | 117 | | | | | | | | | | | | | | |
| 11 | 118 | | | | | | | | | | | | | | |
| 12 | 119 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| | | | |
|---|----------|------------------------------|-------------------|
| NONE | | Total Claims Allowed: | |
| | | 12 | |
| (Assistant Examiner) | (Date) | | |
| /DELIA M RAMIREZ/ Primary Examiner.Art Unit 1652 | 7/4/2009 | O.G. Print Claim(s) | O.G. Print Figure |
| (Primary Examiner) | (Date) | 1 | none |